

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Lamar Glover
Houston County Sheriff's Dept.
462 North Oates Street
Dothan, AL 36301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Salina Runk*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*11-8*Address different from item 1? ☐ YesDelivery address below: ☐ No*144 - Oates St*

060585 11-7 show Cause Order

2. Article Number

(Transfer from service label)

700032260000545846507

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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7003 2260 0005 4584 6491

PS Form 3811, February 2004

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